Georgia Psychologist

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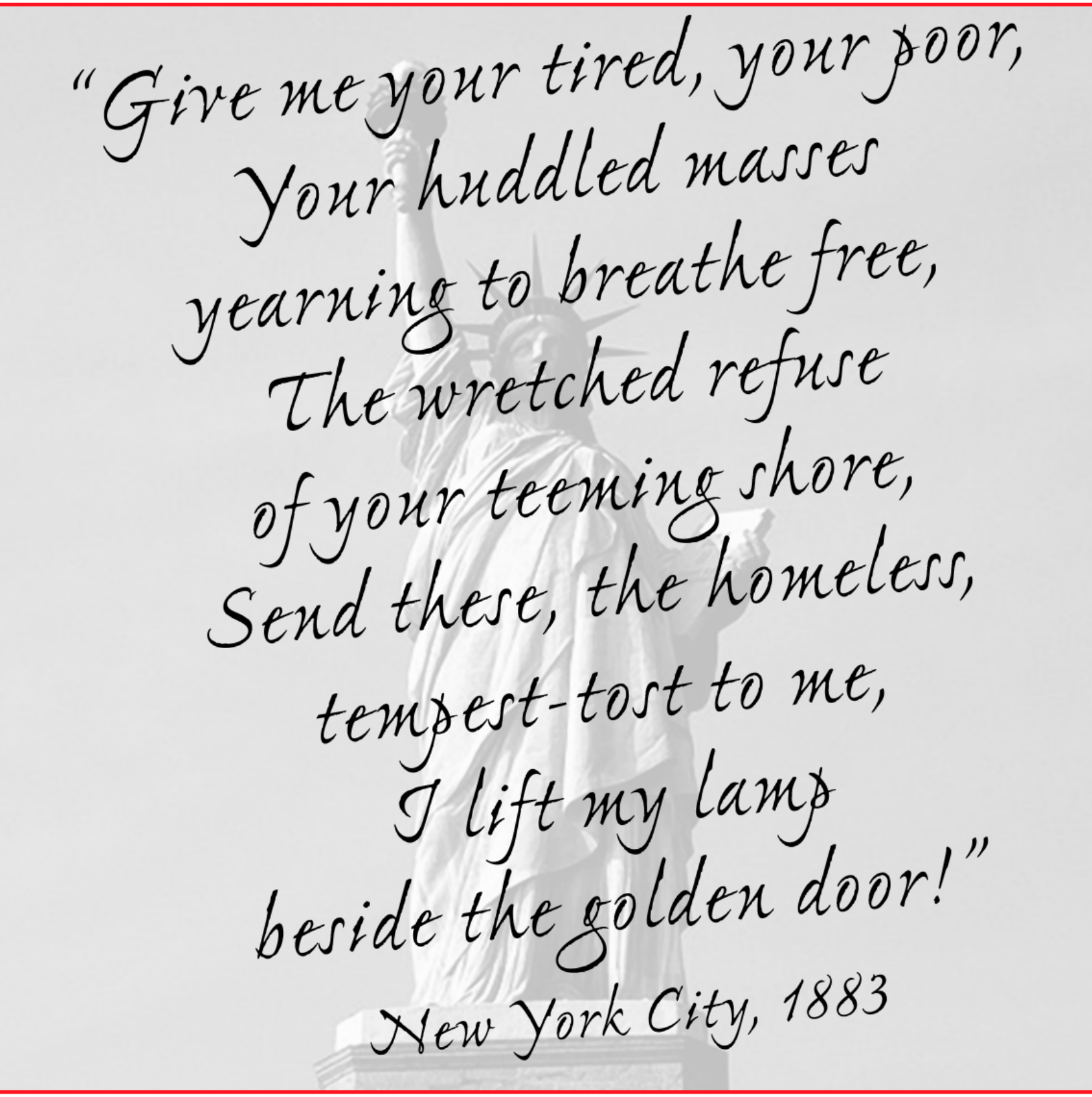

Special Legislative Issue: Difficult Times, Difficult Decisions

Medicaid Statement

Georgia's licensed psychologists have been providing specialized services for children in Georgia since the inception of the Medicaid program. The program was created so that DFCS would have a place to refer neglected or abused children for evaluation and treatment. It has always been limited to a specific number of hours and, therefore, a carefully "managed" program. Each Georgia dollar spent on these vulnerable children draws down almost two dollars from the federal government.

DFCS and the Juvenile Courts rely on psychologists' services to help them figure out what to do with troubled children. The next step for those in the Juvenile Court system is the Juvenile Justice system. Untreated they are prime candidates for more institutionalized care either in the regional mental health facilities or the jails.

Please consider where else these children will get the services they desperately need. The Department of Community Health mentioned the Community Service Boards. CSBs are already underfunded and have lost most of their Child and Adolescent programs. They do not have child psychiatrists and child psychologists on their staffs.

What will happen if the Department of Community Health eliminates this program in their efforts to make drastic cuts?

1. Families of the roughly 38,000 children currently in treatment will be impacted.
2. Major agencies such as The Department of Family and Children Services, The Department of Juvenile Justice, juvenile and superior courts will be heavily affected and at a loss for the services they need.
3. Foster care children and their parents depend heavily on the services of psychologists. The proposed changes will reduce DFCS' ability to protect and offer remedial services to these children.
4. Mandatory psychological evaluations are required for placements of foster children, juvenile delinquents, and mentally ill children in residential treatment centers, therapeutic foster care, and other placements. Who will pay for them if Medicaid doesn't?
5. The elimination of psychological services will cause an already overwhelmed community mental health system to absorb a heavier load.
6. The proposed changes will limit poor children's access to quality, comprehensive evaluation and treatment.

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STAFF

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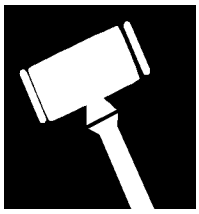


FROM THE PRESIDENT

The Changing Faces of Georgia Psychologists

William F. Doverspike, Ph.D.
President

In 2003, the Georgia Board of Examiners of Psychologists became the first licensing board in the country to update a state *Code of Conduct* with the 2002 revision of the *Ethics Code* of the American Psychological Association. As I was reviewing the revised Georgia *Code of Conduct* with a newly licensed psychologist, I received a phone call from an elder psychologist who earned his doctoral degree a decade before licensing legislation had ever been introduced in the Georgia legislature—over 50 years ago! I shared with my distinguished colleague that I had been born only a few months after the new law took effect in 1951, the year Georgia became the first state in the country to license psychologists to practice. My older colleague shared with me that at the time of the first meeting of the Georgia Psychological Association (GPA) in 1946, there was considerable debate and disagreement among psychologists as to whether we should be licensed or not. He mentioned that the first meeting of GPA was held at Emory University, where three decades later I took my first graduate courses in *Psychopathology* and *Brain and Behavior*. I told my colleague that I had forgotten the exact course titles, but I would always remember the dissection of those mammalian brains.

With the exception of psychiatrists, the number of hours of psychopharmacology training for these specially trained psychologists actually exceeds that of other health care professionals already prescribing medications.

Our older colleague and others like him laid the foundation for us to expand our training programs and scope of practice during the five decades since he earned his degree. Today, there are more than 2,000[1] licensed psychologists in Georgia, providing services ranging from child custody and other forensic evaluations to the diagnosis and treatment of brain disorders. As the voice of professional psychology, GPA includes behavioral scientists who are on the cutting edge of research and academicians who are the educators of students ranging from undergraduate business majors to post-doctoral residents in family medicine. GPA includes behaviorists who practice biofeedback, neuropsychologists who diagnose brain disorders, and cognitive rehabilitation specialists who help stroke victims learn to talk and walk again. GPA includes health care psychologists who perform psychotherapy in their offices, and diagnosticians who admit patients and conduct testing in hospitals. GPA includes expert witnesses who testify in court on issues ranging from child custody to adult competence to stand trial. GPA also includes rural practitioners who provide counseling for families and children living anywhere from in the northern hills to the southern plains of our state.

With an average of more than seven years of doctoral education, psychologists are the educators and innovators of the mental health field. The practice of professional psychology has evolved so rapidly that legislation has not even been able to keep pace with new developments in the field. Yet this has always been the case. Even when our older colleagues had the education, training, and supervised experience 50 years ago, they did not always have the legal rights or legislative support to practice psychological testing or psychotherapy. Even when a newer generation of psychologists had the education, training, and supervised

[1] The total number of licensed psychologists in Georgia is 3,223, which includes 2,004 active and 1,219 inactive psychologists.

experience 25 years ago, we did not have the legal rights or legislative support to practice biofeedback or diagnose and treat brain disorders. Georgia was not only the first state to require all of its licensed psychologists to undergo continuing education in psychopharmacology, it was also the first state to develop a post-doctoral program of education, training, and supervised experience in psychopharmacology. The number of hours of psychopharmacology training for these specially trained psychologists actually exceeds that of other health care professionals already prescribing medications.

In an empirically-based profession that is driven by ongoing advances in research, education, training, and supervised experience, legislation will always lag a generation behind innovations in the field. In the meantime, Georgia psychologists will continue to set new standards of care for the people in our state.

William Davenport

The 2004 Georgia Psychological Association Legislative Agenda

Marsha B. Sauls, Ph.D.
Chair, Legal and Legislative Committee

This year the psychological services provided by Medicaid and PeachCare are in jeopardy of being eliminated. The main focus of our legislative effort this session is to lobby for continued psychological services for the most needy children in Georgia.

If the psychological services program in Medicaid is eliminated:

- Quality mental health services for the most vulnerable children in rural Georgia will end as psychologists will be forced to close the practices that now exist in those already underserved areas.
- Juvenile courts and foster care placements will no longer have resources for psychological testing often required for children in their care.
- The Juvenile Justice System will be the "care taking place" for children at risk.

**Juvenile Justice dollars are completely funded by the State.
For every dollar Georgia spends on services, through Medicaid and PeachCare it receives a dollar from the Federal Government.**

***Being fiscally responsible is important.
We have to find a way to be fiscally responsible and still provide vital services to a population that has no opportunity to access other resources.***

The motivation of our legislative agenda is founded by the desire to advocate for safe, affordable, and accessible mental health services for all the people of Georgia as well as to provide for the assurance of safe environments that will assure the physical and psychological well being of the families and children of our state.

We want our legislators to know that we are available as an organization and as individuals to be "on call" to provide them with information about mental health issues.

In addition to continuing psychological services provided by Medicaid and PeachCare, our legislative goals for this year continue to focus on affordability, accessibility, and timely delivery of health care services.

We are proposing 2 pieces of legislation:

- Legislation **authorizing appropriately trained psychologists to write prescriptions** for medications used for the care and treatment of people with mental and nervous disorders.
- Legislation to provide **immunity for psychologists providing court ordered custody evaluations.**

The Human Consequences of Fiscal Responsibility

John Dickens, Ph.D.
Licensed Clinical Psychologist

As I look into the tearful brown eyes of a frail four-year-old child telling me of the horrific abuse he has recently endured, I am mesmerized by the small voice carrying such a heavy load. He speaks of mistreatment at the hands of his heroes. He speaks of an ever present sadness. He tells me he is scared. All the while, my mind races trying to absorb the harsh reality that another human being, especially a parent, could do this to a child. I then do what a child psychologist is charged to do; I provide care for this child. Except now, there is a different thought that enters my consciousness as I begin the process of repairing the damage done to this life. I am painfully aware that very soon I may no longer be able to help this child or others like him. Then I too feel sad.

On October 8, 2003, the Board of the Department of Community Health presented its proposal to the Governor listing proposed cuts for the Medicaid and Peachcare programs. One of these proposals suggests the elimination of psychological services to children who are covered by Medicaid and Peachcare. According to Board statistics, this will end private psychological services to over 38,000 children.

As I began my rural child psychology practice in Ellijay, I quickly became aware of the impact the Medicaid and Peachcare programs have on children in our area. Psychologists are relatively new to this area and many of the citizens are only now becoming aware of what psychology has to offer. With this new found knowledge, they are beginning to understand the benefits these services have for their children and how their families no longer have to live under the crushing weight of emotional and behavioral problems. We have been welcomed with open arms. I cannot tell you how many parents have told me how nice it is to have a doctor who listens to their children, cares about the challenges facing rural families, and intervenes with an expertise seldom seen in rural areas. The Medicaid and Peachcare programs have given poor families access to needed treatments and have allowed psychologists the opportunity to extend their services from Metro Atlanta into the underserved areas of Georgia. Because of these programs, rural parents no longer have to drive long distances to receive quality care for their children. The same quality of care found in the larger cities is now extended to the farthest corners of our state.

These programs are important to rural areas for many other reasons. The parents of children in rural areas often do not have access to private insurance policies through their employers, as do larger areas. We do not have access to numerous large corporations, state run medical and psychiatric facilities, and the higher paying jobs of our city neighbors. Yet, our children face the same challenges and problems as do children in larger areas. The Medicaid and Peachcare programs level the playing field and offer the underserved/poor child access to the same quality psychological services of their more privileged peers. Eliminating these programs will single handedly end the delivery of psychological services to these children in rural areas. The rural psychologist is dependent on the Medicaid and Peachcare programs in order to serve children in these areas, and without these programs, we will be forced to move our practices to more populated areas in order to survive.

It is not only the rural children who will suffer under these proposed changes. Georgia entities such as The Department of Family and Children Services (DFCS), The Georgia Department of Juvenile Justice (DJJ), Juvenile/Superior courts, and numerous other agencies called on to address the psychological needs of children depend on the Medicaid and Peachcare programs. Consider the child taken into care by DFCS for protection. It is the

psychologist who evaluates the needs of this child and often intervenes to provide treatment. It is the psychologist who evaluates the abused child and intervenes to repair the damage. It is the psychologist the judge turns to for direction in how to intervene with the child who carries a gun to school. It is the psychologist who is often called on by physicians to evaluate a child before medication is considered. It is the child we are called to serve that is the most vulnerable of our society and the one who has the least access to wealthy parents, private insurance, and/or unlimited resources. It is the same child whose problems will intensify if early intervention and treatment are not offered. It is a child who the citizens of Georgia will be paying much more for later if needed psychological care is not offered during the critical formative years.

There are certainly those who feel that the Medicaid and Peachcare programs are problematic. These are expensive programs that fuel a much larger debate around how much the government should provide for its citizens. Most psychologists would agree changes need to be made in these programs as well. We understand the burden on lawmakers to demonstrate fiscal discipline while addressing the needs of the people. However, the specific proposal to abolish psychological services simply does not make sense. It is an unmitigated response that has far-reaching consequences for the welfare of those who cannot seek help on their own. There are certainly wiser and more humane ways of continuing these services while maintaining fiscal responsibility. For example, reimbursement rates could be reduced, co-payments added, or lengths of service shortened so as to offset the expenses. Psychologically troubled children can adapt to reduced services, but they cannot overcome an absolutist policy that isolates them from the psychologists whose expertise they desperately need.

It is said that the true measure of a man is defined by the content of his character. I believe the true measure of a state is reflected in how it treats its most vulnerable citizens. Our true value is not found within the size of our buildings, grandiosity of our sports stadiums, or wealth within our bank accounts. The true content of our collective character is reflected within the bright brown eyes of a four-year-old child who has been mistreated by his heroes, but healed by the conscience of the lawmakers who are charged with protecting him.

Dr. John Dickens is a child psychologist in private practice in Ellijay, Georgia. He is also the clinical director of the Appalachian Children's Center and Adjunct Faculty Member at Capella University, 706 635 5538, childdoc@ellijay.com

The Psychologist Trained to Prescribe

Joan Read, Ph.D.
Chair, Prescribing Task Force

In a perfect world, we would have no mental illness or stress-induced dysfunction. Our children would all be well parented and secure, our adults would be fully prepared for parenting and work, and our elders would be revered and well kept in their waning years. Perfect worlds are imaginary, unfortunately. With the increasingly stressful existences we find ourselves living, it is to be expected that we will see more depression, anxiety, and serious mental illness. And with the increasing understanding of the interplay between the mind and the body, it makes sense that we consider the appropriateness of providing a fully integrated training to our mental health providers.

Emphasis on the interface of mind and body becomes focal for psychologists as they work with patients because the manifestations of stress are both physical and emotional. The role of proper medication must be couched within a full treatment protocol for it to have much benefit. Repeatedly, research supports the need for behavioral change to sustain long term results in treating both mental and physical health issues. Medication alone is a tool; without the additional tools to make changes solid and permanent, symptoms frequently return when medication is discontinued. Certainly this is true in the field of mental health.

The number of psychologists trained to prescribe psychotropic medications is increasing across the nation. More and more, psychologists are finding that knowledge of drug mechanisms and drug actions is essential to their providing quality services to their patients. This is not to say that psychologists are being co-opted into a medicalization of psychology. It is to say that psychologists are recognizing how prevalent psychoactive agents are in the culture. Over the counter (OTC) medications, 'health food supplements' and additives in 'energy' preparations frequently have psychotropic effects. And patients are being directly marketed by drug companies and are getting prescriptions for psychoactive medications from primary care physicians and gynecologists, among other non-psychiatric physicians.

Psychologists are finding themselves on the front line of managing these medication and OTC preparation effects. Since a psychologist sees a patient regularly for periods considerably longer than the 10 or 15 minutes every three to six months that the physician sees him or her, the opportunity to observe medication effects is much greater.

Recent movements to review the relatively lax regulation of OTCs and supplements suggests a growing recognition on the part of government that adverse effects may develop from misuse or concomitant use of such substances. This is encouraging, particularly to those of us who are trained in psychopharmacology. We have a deep appreciation for the harm that such substances can do. And with a growing number of psychologists training to prescribe psychotropic medications, I believe we will have an impact on the appropriate use of prescription drugs for mental health needs.

The granting of prescriptive authority to appropriately trained psychologists continues to be a high profile endeavor at the state level. Granting such privilege will expand the ranks of mental health providers conversant with psychotropic medications. Any increase in such providers will enhance services, particularly to the underserved populations of our nation. Rural communities, poorer urban populations and special populations such as the elderly will benefit from such an increase.

Safety of any patient population is paramount in the training of psychologists to prescribe. In comparing the psychopharmacology training of psychologists to that of other non-MD prescribers, we find that psychologists receive much more training in pharmacology and psychopharmacology than advanced practice nurses, physician assistants and optometrists. We receive more training than dentists and other MD providers, and comparable training to psychiatrists. Additionally our training is focused on psychopathology and the treatment of such. Adding postdoctoral training in psychopharmacology to our extensive training and supervised experience in psychology makes for a highly trained and experienced practitioner. Patients and consumers of mental health services can only benefit.

I am encouraged by the growing understanding among a number of disciplines that the doctoral level psychologist trained to prescribe is an asset. And I am encouraged by the increasing awareness that we are safe, well trained providers of high level mental health services. It is within this frame that I am hopeful that we will soon be able to practice our skills as independent prescribers and therapists.

Commentary from the Licensing Board

Linda Campbell, Ph.D. Carol Webb, Ph.D.

Drs. Campbell and Webb are members of the Georgia Board of Examiners of Psychologists.

Dr. Bill Doverspike, GPA President, has invited the Licensing Board to contribute to the *Georgia Psychologist*. One of his goals for his Presidency is to increase communication and understanding between the GPA members and the Licensing Board's role and function in the lives of psychologists. As the Licensing Board has just completed a major revision of the *Rules of the State Board of Examiners of Psychologists*, the timing seems good to highlight these revisions. Therefore, the Licensing Board will be submitting articles to the *Georgia Psychologist* focused on major changes (or relevant nonchanges) to the rules. This article will focus on rules related to delegation of services. The next article may focus on the major changes in post-doctoral requirements, and the third will feature continuing education. We are open to requests from the membership on topics for our articles and encourage you to let us know what you want us to address.

The Licensing Board and the GPA Ethics Committee have received concerns from licensed psychologists for some time now regarding the practice of psychology by individuals who are not licensed. The primary area of concern has been psychological testing. The way this concern manifests itself is one of two ways: (1) licensed or unlicensed individuals with masters degrees in some other mental health field or (2) unlicensed psychologists sometimes conduct psychological testing and ask a licensed psychologist to "sign off" on the report. The professional status of individuals conducting assessments and their relationship to the licensed psychologists signing the reports has been uncertain for some psychologists. As a result, inquiries have been made to several regulatory bodies regarding when these scenarios step over the line into unlicensed practice.

Chapter Five of the Licensure Rules is defined as the Supplemental Code of Conduct. This chapter is meant to address those areas not included in the APA Ethics Code (Chapter Four of our Rules). The dilemma described above is explained in two subsections of this chapter: Definitions (510-5-.02) and Delegation to and Supervision of Supervisees of Psychological Services (510-5-.06(7)(8). These rules explain that licensed psychologists can delegate and supervise psychological services to three categories of individuals: (1) trainees (post-doctoral students, interns, and pre-doctoral students), (2) employees (as opposed to subcontractors) of the licensed psychologist, and (3) individuals who are also employed by the same employer (e.g. hospital, mental health center).

If supervisees meet one of these criteria and licensed psychologists accept the supervisory role then several requirements for supervision are outlined (510-5-.06(3)(a)-(g). Psychologists should read these in toto in order to fully understand the context of supervision. Some major points of the supervisory relationship are these:

1. The supervisee must be (a) qualified and (b) have the education and training to reasonably perform the expected services competently and ethically.
2. The supervisees must inform the client/patients of their supervisory roles and the right of the client/patients to confer with the licensed psychologist on any aspect of care.
3. The licensed psychologist personally takes part in the (a) intake process), (b) personally makes the diagnosis, and personally approves and co-signs a treatment plan.
4. The licensed psychologist meets regularly with the supervisees concerning client/patients providing a minimum of one hour of supervision for every 20 hours of face-to face client/patient contact by the supervisee.
5. Licensed psychologists may not supervisee more than three supervisees without the authorization of the Licensing Board. Each level of training supervision has specific supervisory requirements that supercede this given number of supervisees.

This rule has not changed in the new rules revision. The definitions of supervisor and supervisee have been clarified. These sets of rules are meant to facilitate supervision and give guidance to a standard for competent supervision but also to clearly identify the illegal practice of psychology. Licensed psychologists have expressed great concern to the Licensing Board that unlicensed individuals or individuals licensed in professions that do not include authorization to do psychological testing were, in fact, conducting psychological assessments, and that this practice was increasing.

The Licensing Board is hopeful that this clarification will be helpful to those licensed psychologists who do want to conduct supervision and who do have employees working in their psychological services. The Licensing Board members remain open to answering questions that GPA members may have on the newly revised rules.

Passage of Mental Health Parity Legislation Remains Top Priority for the American Psychological Association Practice Organization

Jennifer F. Kelly, Ph.D.
APA Representative

The 2003 GPA Membership Survey indicated that Georgia psychologists were concerned about mental health parity, which is a legislative priority on the federal level. — Editor

The American Psychological Association Practice Organization continues to have mental health parity as one of its most important legislative agenda items. The Paul Wellstone Mental Health Equitable Treatment Act is sponsored by Senators Pete Domenici and Edward Kennedy (S. 486) and Representatives Jim Ramstad and Patrick Kennedy (H.R. 953). The Mental Health Parity Act of 1996, which expires on December 31, 2003, prevents larger health plans only from imposing lifetime and annual dollar limits on mental health benefits that are different from those imposed on medical and surgical benefits. The 1996 Act does not provide full parity for all aspects of coverage, and the Government Accounting Office found that 87% of those employees that comply with the law have reduced other aspects of their mental health coverage, such as day and visit limits. The proposed parity act closes the loopholes that allow employers to avoid the spirit of the 1996 law by requiring full parity for all aspects of a plan, including dollar limits, day/visit limits, coinsurance, deductibles and out-of-pocket maximums. The Act should continue to cover all diagnoses, as listed in the *Diagnostic and Statistical Manual of Mental Disorders.*

An argument frequently used against full mental parity comes from business and insurance groups, ..., even though state mental health parity laws have not been shown to boost costs significantly.

An argument frequently used against full mental parity comes from business and insurance groups, who have complained that any new health insurance mandates will drive already spiraling health care costs even higher, even though state mental health parity laws have not been shown to boost costs significantly. In addition, the Congressional Budget Office has projected that the bill would raise costs just 0.9%. The cost would be shared between employer and employee, and the employer would pay 0.36% of the total. Further analysis showed that full parity would cost the typical plan four and a half cents per covered person per day.

The bill currently has 66 Senate co-sponsors. Both Senators from Georgia, Senators Saxby Chambliss and Zell Miller have co-sponsored the legislation, while eight members of the House of Representatives from Georgia have co-sponsored the legislation. They consist of Representatives Sanford Bishop, Max Burns, Phil Gingrey, Johnny Isakson, John Lewis, Denise Majette, Charles Norwood, and David Scott. We need to thank our Senators for their support. If your representative has co-sponsored the legislation, please get in touch with them and thank them for their support. If they have not co-sponsored the legislation, please contact them and encourage them for their sponsorship and support. Please urge the Congressional Leadership to prioritize passage of full mental health parity legislation during the Congress.

A Brief History of Child Protection Legislation: From 1874 to 2003

William F. Doverspike, Ph.D.
GPA President

In 1874, a charity worker whose name has long been forgotten heard about the plight of a child named Mary Ellen who was repeatedly beaten by her caretaker after being abandoned by her biological mother. Upon arrival at the New York City house where the child was being kept, the social worker found a 10-year-old child chained to a bed like an animal, covered with bruises and scars. Her head had black and blue marks left by her "foster" mother's whip, and the left side of her forehead was disfigured by a cut that had been inflicted when her foster mother had sliced her with a pair of scissors.

Because there were no laws to protect children from abuse, the social worker persuaded the Society for the Prevention of Cruelty to Animals (SPCA) to intervene in court on the child's behalf. The SPCA had been founded eight years earlier (1866) by Henry Bergh, a philanthropist and diplomat who had been concerned about the inhumane treatment of animals. Ten-year-old Mary Ellen McCormack did not even know her own age when she testified at her foster mother's trial. After she told her story in court, her foster mother was prosecuted on charges of assault and battery.[1] Eight months later, in April of 1875, a small group of concerned citizens came together with the assistance of Henry Bergh and formed the first organized child protective organization in the world—The New York Society for the Prevention of Cruelty to Children (NYSPCC). Almost immediately, other states created child protection agencies.

Mary Ellen McCormack grew up and provided her own daughters with love and happiness she never knew as a child.[2] She died in 1956 at the age of 92. Yet even by the late 1950's, the reporting of child abuse was not required by law. Reports of abuse usually originated only from incidents that involved serious physical injury or death.

In a 1962 issue of the *Journal of the American Medical Association*, Dr. Henry C. Kempe described "The Battered Child Syndrome" and urged physicians to report suspected child abuse. In large part due to Dr. Kempe's focus on child abuse as a medical condition, 150,000 cases of child maltreatment were reported to authorities during the next year (1963). Many states responded by making child abuse a criminal act. In Georgia, the first child abuse statute was based on a model proposed by the Children's Bureau of the United States Department of Health, Education, and Welfare. However, even in the early 1960's the reporting of child abuse was still not required by law, and most incidents of suspected abuse remained behind closed doors that were neither opened nor acknowledged. Societal changes occurred on a national level in 1974 when the federal government enacted The Child Abuse Prevention and Treatment Act (CAPTA), which provided model legislation for states to pass mandatory child-abuse-reporting laws.

What does this story have to do with us today?

During the summer of 2002, a Georgia psychologist discovered a medical malpractice lawsuit that had already reached the Georgia Court of Appeals. The case involved the statutory immunity provision of the mandated child abuse reporting requirement which protects doctors and others who

[1] The following is an excerpt from Mary Ellen McCormack's testimony in court in 1874: "My name is Mary Ellen McCormack. I don't know how old I am…. I have never had but one pair of shoes, but I can't recollect when that was. I have no shoes or stocking this winter…. I have never had on a particle of flannel. My bed at night is only a piece of carpet, stretched on the floor underneath a window, and I sleep in my little undergarment, with a quilt over me. I am never allowed to play with any children or have any company whatever. Mamma has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip, a raw hide. The whip always left black and blue marks on my body. I have now on my head two black and blue marks which were made by mamma with the whip, and a cut on the left side of my forehead which was made by a pair of scissors in mamma's hand. She struck me with the scissors and cut me. I have no recollection of ever having been kissed, and have never been kissed by mamma. I have never been taken on my mamma's lap, or caressed or petted. I have never dared to speak to anybody, because if I did I would get whipped. Whenever mamma went out I was locked in the bedroom…. I have no recollection of ever being the street in my life."

[2] After Mary Ellen told her story in court, her foster mother was prosecuted on charges of assault and battery. Mary Ellen was placed in a new home in upstate New York where she reportedly grew up a normal child. She became a favorite to all of those who knew her. At 24, she married and had two daughters of her own. She also adopted a third orphaned child. Her daughters reported that Mary Ellen was always reluctant to speak of her past, but she did show them the scars of burns on her arms. Throughout her adult life, the scissors scar was always noticeable on her face. It was her pride and joy to be able to provide her own daughters with a happy childhood in contrast to the tortuous days she had suffered as a child. Mary Ellen died in 1956 at the age of 92.

report suspected child abuse (§OCGA 19-7-5). The statutory immunity provision essentially protects mandated reporters from legal retaliation when they have made a good faith effort to report suspected child abuse. In reversing the trial court's interpretation of the protection provided by statutory immunity, the Appelate Court had ruled that the "good faith" statutory immunity provision was a legal matter that could be litigated on a case-by-case basis in court. If allowed to stand, this ruling would have had a chilling effect on the behavior of mandated reporters such as ourselves. Those of us who would first have to make a good faith effort in filing a mandated report of suspected child abuse would then have to wait and see if our "good faith" efforts were good enough to shield us from malpractice litigation by angry perpetrators and their ambitious attorneys.

So, what does this story have to do with us today?

Many of you got involved. With the Georgia Psychological Association's (GPA) funding, forethought, and planning, our attorney crafted an amicus brief that unified the support of a host of organizations ranging from the Medical Association of Georgia (MAG) to the Georgia Professional Counselors Association (GPCA). On June 30, 2003, the Supreme Court of Georgia (SO2G1784 O'Heron et al. v. Blaney et al.) supported our position by affirming the provision of statutory immunity. In a ruling signed by Chief Justice Fletcher, the high court reversed the decision of the Appelate Court, thereby upholding the statutory immunity provision of Georgia's mandated reporting requirement. In other words, children in Georgia will continue to be protected from abuse, while doctors and others who are required by law to protect children and report suspected child abuse will continue to be protected against angry perpetrators and their ambitious attorneys.

This story is an example of psychologists and social activism—turning human wrongs into human rights. One year ago, none of us felt like we could make a difference, yet one of us took a stand. One of us decided to make a difference. We joined in giving ourselves to a cause that was greater than ourselves. Collectively, we made a difference that no one of us could have made alone.

Join me in giving a part of yourself so that we can make a difference. It is not "giving ourselves" to our profession that makes the difference, so much as it is the living ourselves through the vision and ideals that we hold in common. As the voice of professional psychology and the people we serve, we can make a difference.

Resilience for Kids & Teens
How Parents and Teachers Can Help Kids Bounce Back

Life can be very challenging for kids and teens. Today's kids can face problems ranging from stress over exams and grades, bullying, peer pressures, divorce or even the death of a friend or parent. But the skills of resilience can help kids effectively manage these situations — and the American Psychological Association (APA) is enlisting parents and teachers to help teach resilience skills through a new national public education campaign.

Resilience, "bouncing back" from difficult experiences, can help kids navigate through stressful times. It is a way of responding to adversity, challenges, and even chronic stress Resilience skills can be learned and parents and teachers can help kids and teens develop them.

"Resilience not only can help children when they feel threatened or frightened, but also it can help inoculate children with the ability to manage life's emotional challenges even before they happen," said Russ Newman, Ph.D., J.D., the American Psychological Association's (APA) executive director for professional practice.

APA's new public education campaign, Resilience for Kids & Teens features online resources for parents and teachers to better equip them to help kids and teens develop resilience skills. It also includes materials that psychologists can use for effective community outreach in teaching resilience.

Some useful steps contained in the guide for parents and teachers include:

- Make connections
- Teach your child how to make friends, including the skill of empathy, or feeling another's pain.
- Encourage your child to be a friend in order to get friends. Build a strong family network to support your child through his or her inevitable disappointments and hurts.
- At school, watch to make sure that one child is not being isolated. Connecting with people provides social support and strengthens resilience.
- Some find comfort in connecting with a higher power, whether through organized religion or privately and you may wish to introduce your child to your own traditions of worship.
- Maintain a daily routine Sticking to a routine can be comforting to children, especially younger children who crave structure in their lives. Encourage your child to develop his or her own routines.
- Take a break
- While it is important to stick to routines, endlessly worrying can be counter-productive. Teach your child how to focus on something besides what's worrying him.
- Be aware of what your child is exposed to that can be troubling, whether it be news, the Internet, or overheard conversations, and make sure your child takes a break from those things if they trouble her.
- Although schools are being held accountable for performance on standardized tests, build in unstructured time during the school day to allow children to be creative.
- Teach your child self-care
- Make yourself a good example, and teach your child the importance of making time to eat properly, exercise and rest.
- Make sure your child has time to have fun, and make sure that your child hasn't scheduled every moment of his or her life with no "down time" to relax. Caring for oneself and even having fun will help your child stay balanced and better deal with stressful times.
- Nurture a positive self-view. Help your child remember ways that he or she has successfully handled hardships in the past and then help him understand that these past challenges help him build the strength to handle future challenges.
- Help your child learn to trust himself to solve problems and make appropriate decisions.
- Teach your child to see the humor in life, and the ability to laugh at one's self.
- At school, help children see how their individual accomplishments contribute to the well — being of the class as a whole.

The APA brochures Resilience for Kids & Teens: A Guide for Parents and Teachers and a brochure written just for teens, Resilience for Teens: Got Bounce? are available for free download at www.APAHelpCenter.org

If you wish to receive a kit with information on how to present this campaign, please send an order via e-mail at pec@pvcla.com or via phone at 310-274-8787, ext. 135. When placing the request, you should leave your name, mailing address, phone number and e-mail address, along with your APA membership number and specific materials request. These materials are a benefit of APA membership, and you must provide your APA membership number when placing your request in order to receive them.

If you have any questions about this campaign or any of the other campaigns, Resilience or Warning Signs, contact Cyd Preston Wise at cydwise@gapsychology.org or 404-634-6272, ext. 208.

Public Education: GPA Presentations/Interviews

Following are Public Education Forums and interviews that GPA members have participated in the past few months. Though many calls come in through the Central Office, an increasing number of members are letting us know about their own efforts in Public Education, interviews and presentations. For those of you who have taken the message of psychology into the community, whether as individual presenters or through the media, we thank you. This is only a part of what we can accomplish when we work as a team. Please continue letting us know your activities and, if you have topics or ideas that you would like pass along to other members, we would be more than happy to publish them in the 'Round Georgia column.

TV

Fox News, The O'Reilly Factor interviewed **Betsy Gard** about the "power blackouts in the Northeast."

Connecting with Kids — **Carol Drummond** gave an "Overview of home schooling."

Connecting with Kids — **Carol Drummond** on "Third grade as a turning point."

Connecting with Kids — **Kirven Weekley** — "PTSD and adolescents."

Connecting with Kids — **Gloria Meaux** — "Teens opening up to their parents."

Connecting with Kids — "Geek Chic" featured **Stephen Mathis**.

RADIO

WGST Radio interviewed **Carol Drummond** on the "Roswell student who was expelled for a story in her diary."

PRINT

Clayton News Daily interviewed **Wendy Bailey** interviewed on "Why so many kids are carrying guns today."

Atlanta Journal Constitution (AJC) interviewed **Sara-Dimitri Carlton** on "Mother/Daughter travel".
AJC "Pre-Nuptial Agreements featured **Susan Evans**.

PRESENTATIONS

David Busch, invited by Virginia Commonwealth University, presented at an International Conference on Forgiveness in Atlanta. The title of his lecture was "Exploring the Depths of Forgiveness."

PUBLISHED BOOKS

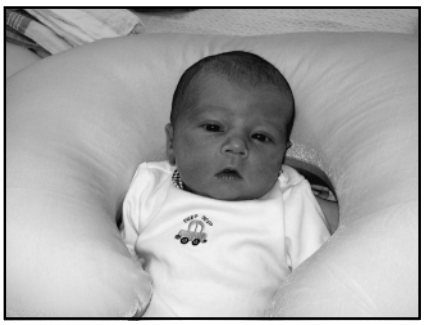
Edward W. L. Smith has had his book *Sexual Aliveness: A Reichian Gestalt Perspective* re- released in a paper bound edition by the Gestalt Journal Press.

The Art of Everyday Conflict by **Erik Fisher** will be published in April.

GPA psychologists visit Georgia's Congressmen during Washington "Hill" visits. L-R: Drs. Judi-Lee Nelson, Jennifer Kelly, Jeff Brandsma, John Stuart Currie, Nancy McGarrah, Marsha Sauls and Linda Campbell.

'ROUND GEORGIA

Congratulations to **Kathy Ferrell-Swann** on the birth of Whitaker Collins Swann born September 26. Whitaker weighed in at 8 pounds, 8 ounces and was 22¾ inches long.



Congratulations to **Page Anderson.** Jack Anderson Whitaker was born July 4, 2003 (Page said she could hear the fireworks from the hospital). He was 8 1/2 pounds and 21 inches long. "We are very much in love with our smiling Jack. I return to GSU in Jan. Big sister Tessa (3 years old) pulls up her chair to his bouncy seat and 'reads' Dr. Seuss to him!"

LISTEN TO YOUR BODY WEEK 2004

Saturday, February 21 –Sunday, February 29

Saturday, February 21

Real Girls Inner Beauty Fashion Show! This second annual event at Lenox Square Mall will honor Atlanta teens nominated by their friends for their Inner Beauty! Come celebrate the best that our Girls Can Be! 5-7 pm, in front of Rich's Macy's. FREE

Sunday, February 22

Looking Past The Mirror: Finding the Image of God in Yourself This introductory workshop by The Body and Soul National Institute will help you develop positive body image and strengthen self-esteem using Old Testament texts, factual information and group activities. Connect with and celebrate your authentic self! Temple Kehillat Chaim, 1145 Green Street, Roswell, 7.729.5333, 4-6 pm, $10.

Monday, February 23

Chocolate: Food of the Goddesses! Back by popular demand! Experience the tongue-tingling pleasure of chocolates from around the world. Jake's Ice Cream, 676 Highland Ave. 7:30-9 pm. $20 at door.

Tuesday, February 24

The Thin Line This powerful one-woman performance weaves the voices of a girl struggling with an eating disorder, her internal negative voice, her mother, and a friend. Q & A to follow. Kennesaw State University, 12:30 p.m. FREE

Wednesday, February 25

Body Image and Self Esteem Book Club This month's selection is Appetites by Caroline Knapp. Page Love & Karen Macke. Dunwoody Borders, 770.457.1457, FREE

Thursday, February 26

Families to Families: Supporting A Loved One Towards Recovery A panel of family members of eating disorder sufferers will discuss their roles in the recovery process. Ridgeview Institute, Day Hospital Auditorium, 7.434-4567. 6-7 pm, Free.

Telling Our Stories Join us for a poetry reading by persons recovering from eating disorders, followed by Anita Johnston, PhD, author of Eating in the Light of the Moon. Borders Buckhead, 7:30-9 p.m., FREE

Gods and Geeks In the last year, gay people have lost much of their second-class status. Yet there persists a classism based on the body, particularly the muscularity of the body, within the gay community itself. Creative Loafing columnist Cliff Bostock, will explore this phenomen on through performance and lecture. Outwrite Bookstore & Coffeehouse, 404.525-4774, 7:30-8:30 p.m.

Friday, February 27

Movie Mania! This month's film is "Mostly Martha" about a German chef who rules her kitchen with an iron hand. Her young niece and a new chef profoundly change Martha's life. Post-film discussion with Dr. Beth Seelig, Professor of Psychiatry, Director, Emory Psychoanalytic Institute. Emory, White Hall, Rm 205, Dowman Dr., 4.727.5886, 7:30 pm, FREE

Saturday, February 28

Eating with Ease Eating is one of life's great pleasures! So why do adults and children feel so GUILTY?! Eating with Ease is a hands-on workshop created by the team from CHOA's FIT KIDS program and experts from "Slow Food." Explore barriers to food pleasure and learn practical tips for change. Children's Healthcare of Atlanta Rehab Center, 11835 Alpharetta Highway, noon-1:30 pm. FREE.

Sunday, February 29

Merrick's Walk This 2.6 mile walk around the PATH at Chastain Park will remember 19-year-old Merrick Ryan who lost her battle to anorexia in January 2000. Enlist friends and family to create a team! Proceeds support inpatient treatment scholarship fund. 215 W. Wieuca Rd. Pre-register www.edin-ga.org, register: 12:00, Walk 1:00. $25.

For information about other Listen to Your Body Week events, visit www.edin-ga.org

Psychologically Healthy Workplace Award

Program Rewards Employers for Creating Workplaces that Foster Psychological Well-Being Among Employees

In order to reward businesses and organizations that have demonstrated a commitment to the psychological health and well-being of their employees, the Georgia Psychological Association will be involved in promoting the Psychologically Healthy Workplace Award. They will begin accepting applications in February, 2004. "Employers are beginning to recognize the benefits of a workplace that is sensitive to their employees' mental well-being," says Dr. Joni Prince, Chair of GPA's Business of Practice Network. "We applaud them for their efforts, but there are many more companies out there who have yet to make the same commitment. We hope the organizations we honor with this award can serve as progressive models for other employers."

The benefits of a psychologically healthy workplace can include increased productivity and employee retention rates, recruiting advantages, company image enhancement, a better workplace atmosphere, as well as, workers who are less stressed and more satisfied with their jobs.

Failure to provide a psychologically healthy workplace can impact the bottom line. A 2000 poll conducted by the American Psychological Association found that one in four employees has taken a "mental health" sick day. According to the *Journal of Occupational and Environmental Medicine*, health care expenditures are nearly 50% greater for workers who report high levels of stress.

Employers can demonstrate their dedication to the psychological health and well-being of their employees in a number of ways, such as implementing more family-friendly policies, allowing employees to participate in decisions that will affect their jobs or offering programs on how to cope with and reduce work stress.

Each applicant will be judged on criteria including:

- The level of employee involvement in regard to decision-making, feedback, tasks, problem solving and the work environment
- Family support options, including opportunities for child care and elder care assistance, flexible work arrangements, options for leave beyond the Family and Medical Leave Act and family problem resolution
- Employee growth and development opportunities and efforts develop supportive supervisors who are responsive to work/ family needs, diversity and performance appraisals
- Provision of a work environment that is physically safe and promotion of employees' physical health and wellness

Awards will be given to large/small and non-profit/for-profit businesses. To receive an application for the award program, supported by the American Psychological Association, employers can call 404-634-6272. Winners will be honored at an awards ceremony in September, 2004.

The Missing "Difficult Child" ADHD vs. Bipolar Disorder

June Kaufman, Ph.D.
Division G: Family, Adolescent, Child, Evaluation and School Psychologists

I remember a time when parents would come to my office and say "I have a difficult child and need help." Now, the same parents come in and say "Is he ADHD and/or Bipolar?"

Often they're describing very young children who may have been diagnosed by others and sometimes even put on medication already without a comprehensive evaluation. I have several concerns about these latest approaches to behavior disorders, particularly in children.

First, we all recognize by now that classical ADHD is pretty easy to diagnose, and stimulant medication appears to be effective, with psychotherapy acting as an adjunctive modality. Along these lines, long-term studies to date appear to indicate that side-effects of these medications are generally minimal. However, ADHD symptoms range from mild to severe, and often mild forms are due to other factors. Bipolar Disorder, a label that is being applied more frequently, is more difficult to diagnose. In fact, at a recent Harvard Medical School conference aimed at psychiatrists, that I attended, one of the presenters said, that when ADHD and Bipolar Disorder are hard to distinguish, the former should be considered first. Why? Because the Bipolar label is far more serious, since it is considered by many as a *mental* disorder for life, and the medications used for it are heavy duty. In contrast, ADHD is considered a *developmental* disorder that doesn't carry the same mental health stigma. Thus, if a child comes to psychologists first, shouldn't we take our time before concluding that a child is Bipolar?

... are we cognizant of the fact that pediatric psychopharmacology is now big business, and the public keeps hearing about medications for children which will solve their problems?

Are we psychologists encouraging parents to label their children early with a serious diagnosis? In my experience, parents often don't know the seriousness of the diagnosis of Bipolar Disorder (in particular that it was previously called manic-depressive disorder). Are we feeling that we will lose cases if we don't label children for their caretakers right away? In addition, we may be concerned about what we will report to insurance companies. If the latter is the case, we need to deal with this matter within our professional organizations. Finally, are we cognizant of the fact that pediatric psychopharmacology is now big business, and the public keeps hearing about medications for children which will solve their problems?

Can we no longer work with the issues of a "difficult" child with several serious behavior problems? Before rushing to judgment as to which diagnosis fits a child, we have to be aware of developmental norms and the rapid rate of neurological growth in young children. Further, we appear to be back to thinking only in internal terms, as diagnoses imply, instead of considering that maladaptive behaviors can be attributable to psychosocial factors, such as school, peer or family issues. Have we forgotten to have a holistic approach? This approach may lead to medication, but, as in the past, we would begin treatment with behavioral and family systems interventions first. I present these issues because they concern me, and I wonder if they concern other clinicians as well.

In a recent *ADHD Report* (Vol. 11, no. 4, August 2003), Sam Goldstein, Ph.D. and Michael Gordon, Ph.D. comment that we need to keep "a close eye on the distinction between symptoms and impairment. Failure to do so perpetrates the notion that psychiatric diagnosis has become an omnibus method of accounting for any and all human personality styles or imperfections by recasting them as mental disorders."

Psychological Approaches in Treating the Injured Worker

Jennifer F. Kelly, Ph.D.
Chair, Peer Review Committee

Psychologists are increasingly becoming more integrated in the care of the person who has sustained an on-the-job injury. Psychologists are used to evaluate and treat these patients as part of a comprehensive rehabilitation program. There are numerous consequences that can occur as a result of being injured, including spinal injury, cognitive impairment, and chronic pain. This article will focus on the evaluation and treatment of the patient experiencing chronic pain.

Unrelenting chronic pain can pose a difficult challenge to the patient, health care professional, and employer. According to figures, it has been estimated that up to 80 million people in the United States suffer from some form of chronic pain, with an estimated annual cost of approximately $70 billion (Tollison, 1993). It is felt that a significant number of those suffering from pain has sustained an on the job injury.

Unrelenting chronic pain can pose a difficult challenge to the patient, health care professional, and employer.

Chronic pain is a condition that affects a person physically, psychologically, and socially. These factors, in turn, interact with each other to impact the pain. It appears logical that all these factors should be addressed in treatment. Medical intervention, that is, treatment that focuses on the physical aspects of the pain, has traditionally been considered to be the primary method for managing pain. In many cases, the psychosocial issues are usually only addressed after the condition deteriorates with traditional medical interventions. By the time most patients receive psychological intervention; they have had numerous surgeries, may rely on or be dependent on narcotic medications, and are partially or totally disabled. Fortunately, patients and health care providers are beginning to understand the role that psychological influences can play in the pain experience. Just as psychological mechanisms can contribute to the disabling nature of the pain, psychological approaches can assist in helping the person become functional, even with pain (Caudill, Schnable, Zuttermeister, Benson, & Friedman, 1993; Schneider, 1987).

There are several psychological manifestations associated with pain. A person experiencing chronic pain is likely to be depressed, mainly because of the changes that have occurred in that person's life as a result of the pain. There is likely to be the development of a vicious pain cycle. That is, the extended period of pain usually results in a decrease in activity level. As the person becomes less active and less functional, there is likely to be an increase in stress, anxiety, tension, and eventually clinical depression. Over time, one is likely to observe inadequate coping ability, decreased sleep, increased use of pain medications and excess reliance on the health care system. Those factors can result in an increase in the perception of pain. Some of the psychological symptoms occur as a result of the pain, while others may have been in existence prior to the development of the pain. Regardless of the chronological order, an adverse effect on one's condition is likely to occur. In order for long term improvement to be observed, the psychological manifestations will need to be addressed and the vicious pain cycle will need to be broken.

Psychological techniques have been associated with improved functioning, which include a decrease in pain perception, decreased psychological distress, use of more appropriate coping strategies, decrease in medications, and decreased medical visits. One goal of utilizing the psychological approaches is for the patient to learn appropriate techniques so the person can manage the condition without excess reliance on the health care system (Caudill, Schnable, Zuttermeister, Benson, & Friedman, 1993).

A multidisciplinary team can best accomplish the most effective treatment approach. That team includes the physician, psychologist, physical therapist, and in most cases, the case manager. The most positive

benefit occurs when the interventions from the various professions are provided simultaneously, and there is communication between the disciplines.

The psychologist's role is basically twofold: to identify and treat psychosocial factors which can contribute to the pain, and to help identify and implement a reasonable set of treatment goals.

PSYCHOLOGICAL EVALUATION

Prior to participating in treatment, it would be beneficial to evaluate the psychosocial factors that can be contributing to the exacerbation or maintenance of the pain complaint, along with the coping strategies. That is usually obtained from the psychological evaluation. During the evaluation, the patient participates in a clinical interview and completes psychological testing, usually objective measures. During the clinical interview, information regarding the premorbid level of functioning is obtained. Education, social functioning, stressors, and vocational history can all influence one's success in a rehabilitation program, and these factors are evaluated. There are various objective psychological test measures that can be used to evaluate the patients, and the psychologist will select an appropriate test battery to address the person's specific needs.

PSYCHOLOGICAL INTERVENTION

The psychological interventions can be characterized in terms of the component of the pain they are to target; physiological, subjective, or behavioral. Biofeedback and relaxation training address the physiological aspects of the pain. For example, electromyographic biofeedback can be used to treat muscle contraction headache or skin temperature biofeedback can be used to manage migraine headache. Hypnosis and 'pain-directed' cognitive methods focus on sensations and feelings of distress and discomfort, while contingency management, or operant approaches, target the behavioral component of the pain experience, such as engaging in pain behaviors around family members. Patients could be treated with a combination of the various methods simultaneously, depending on the nature of their pain problem. For example, a person would use biofeedback to address the physiological component to assist with decreasing the pain of muscle contraction headache, and at the same time use cognitive coping strategies to change the meaning of the pain on his/her life (Pearce, 1983; Grzesiak, R.C. and Ciccone, 1988, Linton, 1986).

Over the past decade, pain practitioners have increasingly acknowledged the benefit of cognitive-behavioral approaches in the management of chronic pain. The basic premise with the cognitive approaches is that expectations, attitudes, and beliefs affect the manner in which persons cope with pain. Therefore, changes in negative cognitions can result in better pain control. It is believed that behavior and affect result from the way in which a person views the world. The extent to which the person experiencing chronic pain patient becomes disabled is directly related to that person's perception and subsequent evaluation of the pain. Inadequate coping mechanisms seen in chronic pain patients are related to errors in cognitions, or thought processes. Studies have consistently shown that persons who tend to misinterpret their experience of pain are more severely disabled. That is, if the person views the pain as disabling, then that person is more likely to be disabled. The goal of the intervention is to correct faulty thought processes that contribute to prolonged suffering and disability. In using this process maladaptive beliefs are replaced with more adaptive ones. Numerous studies have provided support for the use of cognitive approaches in treating chronic pain. The cognitive approaches have been associated with improved coping skills, more satisfying lives despite the presence of physical discomfort, decreased reliance on the health care system and a reduction in use of analgesic medications. A message emphasized is that people are not helpless in dealing with their pain and it should not control their lives (Ciccone and Grzesiak, 1984).

SUMMARY

The main goal of working with the patient who has suffered an on-the-job injury is to help that person manage with the changes that have occurred as a result of the injury and to be as functional as possible. Hopefully, that will include return to work. There is much empirical support for the psychological approaches in managing chronic pain. The interventions are most beneficial when they are incorporated into a comprehensive pain management program.

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Ethics Questions and Answers: Part II

John T. Watkins, Ph. D.
Chair, Ethics Committee

This is a sequel to an earlier article with sample questions covering Principles I through VI. The present items cover Principles VI through X. Test yourself on how well you know the new 2002 APA Ethics Code. Answer true or false.

	true	false	
1.	❑	❑	Psychologists may barter with clients, exercising caution to avoid exploitation.
2.	❑	❑	Faculty do not themselves provide therapy to their students.
3.	❑	❑	Psychologists do not engage in sexual relationships with their students, supervisees, or interns.
4.	❑	❑	Psychologists do not fabricate data unless unable to meet grant renewal deadlines, and even then should have some reasonable basis for such a temporary variance, e.g., trends analysis, meta-analysis, etc.
5.	❑	❑	Psychologists who review research proposals or journal manuscripts may use the information as long as they do not present the work or data as their own.
6.	❑	❑	Psychologists provide opinions of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions.
7.	❑	❑	Pursuant to a patient release, psychologists provide test (raw) data to the client or other persons identified in the release.
8.	❑	❑	Psychologists may engage in sexual intimacies with close relatives, guardians, or significant others of current clients.
9.	❑	❑	Psychologists may engage sexually with former clients after a two-year interval, assuming a current positive mental status and a low likelihood of adverse impact on the client.
10.	❑	❑	A psychologist may not terminate therapy with a client simply because he/she has been threatened by a relative or significant other of the client.

Answers:

1. True. Principle #6.05 states that psychologists may barter only if 1) it is not clinically contraindicated, and 2) the resulting arrangement is not exploitative. This subsection starts out with a neutral statement about what barter is, and concludes with a cross reference to #3.05, Multiple Relationships. My view is that barter is another slippery slope, inviting a dual relationship and the compromise of one's objectivity.
2. True. Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. This is new to the 2002 Code, and addresses yet another problem encountered when one enters into multiple relationships.
3. True. This is also new to the 2002 Code.
4. False. Psychologists do not fabricate data. Such is a violation of the trust society has placed in scientists and may have a deleterious effect on participation in clinical trials, especially by minority members who are already distrustful.
5. False. Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and proprietary rights in such information of those who submitted it.
6. True. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts made, clarify the probable impact, and limit the nature and extent of their conclusions or recommendations.
7. True. Perhaps the interpretation of the principle is that the psychologist may provide test data rather than that the psychologist shall provide test data, for there is in subsection #9.04 the further statement that the psychologist may refrain from releasing test data to protect a patient from substantial harm or misuse or misrepresentation of the data or the test. Providing raw test data is creating a lot of controversy, some of which is between those favoring greater openness of records to clients and those concerned about maintaining test security.
8. False. Psychologists do not engage in such sexual intimacies, according to this new principle (#10.06) in the 2002 Code.
9. True. However, Principle 10.08 (b) states that psychologists do not engage in sex with former clients except in the most unusual circumstances. Sorry, but these "most unusual circumstances" are not spelled out. Furthermore, those who do engage sexually after two years "bear the burden of demonstrating that there has been no exploitation". Bearing the burden requires consideration of all relevant factors, including a list of seven criteria (talk about a convoluted ethical principle!), one of which is the patient's current mental status. I guess this means the client best be oriented times 4, shows no memory impairment, and is non-suicidal, non-homicidal, and non-psychotic. Should this be noted somewhere? How about the former client's chart? Could be useful when you're sued or before the state licensing board. Is there really a psychologist out there who is free of any transference and can objectively discern that sexual intimacy will have no adverse impact on his/her former client?
10. False. Principle 10.10 (b) is new and states that one may terminate therapy when threatened or otherwise endangered by the client or another person with whom the client has a relationship. Subsection 10.10 (c) recommends as part of the termination process the suggesting of alternative service providers to the client.

Reference: Watkins, J. T. (2003) Ethical Questions and Answers: Part I. *Georgia Psychologist, 57 (4),* 15.

An Ethics Question: What Do You Think?

David Woodsfellow, Ph.D.
Licensed Clinical Psychologist

This article provides a discussion of ethical decision-making based on the ethics code of four professional organizations, including the 2002 APA Ethical Principles of Psychologists and Code of Conduct. The opinions expressed in this article are those of the author and do not reflect any official policy, opinion or endorsement of the GPA Ethics Committee. This article is designed to be educational in nature and is not intended to provide legal advice. The reader is encouraged to consult a colleague regarding specific clinical situations or to contact an attorney for legal advice regarding state laws governing professional conduct.

Question:

A client wants to shift from individual therapy to couples therapy. Is it okay to do this?

a. YES
b. IT DEPENDS
c. NO

My answer is:

d. ALL OF THE ABOVE.

Here's why.

I think referral to a second therapist is better than a shift of treatment with the same therapist. The loyalties stay clear.

a. YES, his shift, called *Consecutive Therapy*, is not disallowed in the ethics codes of the four psychotherapy professions (*Ethical Principals of Psychologists and Code of Conduct*, American Psychological Association, 2003; *Code of Ethics*, National Association of Social Workers, 1999; *AAMFT Code of Ethics*, American Association for Marriage and Family Therapy, 2001; *ACA Code of Ethics*, American Counseling Association, 1995). Also, Consecutive Therapy is done so often enough in our community that it could be considered within the 'standard of care.'

b. IT DEPENDS, because all parties need to be clear about best-interest, changing loyalty, confidentiality, and informed consent for this shift to be ethical.

The therapist must believe that the new arrangement would be in the *best interest* of each client.

All parties must be clear about, and comfortable with, the therapist *shifting loyalty* from the original client to both clients.

The original client must make an informed decision about the *confidentiality* of material from the previous individual therapy. The therapist must abide by this decision and feel comfortable proceeding with this decision. The new client needs to be informed about this decision.

Both clients must give *informed consent*. Both must have appropriate information about the new arrangement and adequate opportunity to consider and discuss the issues involved.

c. NO, I personally suggest that we therapists should NOT make this shift. I think the potential problems with consecutive therapy are quite substantial. If an individual client wanted to shift to couples therapy, I would refer them to someone else.

I'm worried that we might never really achieved neutrality in the new couples therapy. How could we not be affected by the individual therapy? How could we really form an unbiased opinion of the new client, after having heard so much about them in the previous therapy? Maybe we'll be too sympathetic to the original client. Or maybe we'll go so far trying to compensate, that we'll be too sympathetic to the new client. And, even if we were truly neutral, would each of the clients perceive us as neutral?

If the original client wants the material from his or her individual therapy to remain confidential, that might become a problem in the couple's therapy. Perhaps at some crucial moment, we won't be able to speak about something that feels essential to progress. There could be a direct conflict between the confidentiality of the original client and the best interests of the new client.

Also, if couples therapy doesn't work out well, what happens then? Would the original client continue their individual therapy? There's no way to be certain how the couples therapy will unfold. If difficulties develop in the couple's therapy,

the original client may not feel able to continue the original individual therapy. In terminating couples therapy, the original client might also be losing their individual therapist without the opportunity to fully process that closure.

I think referral to a second therapist is better than a shift of treatment with the same therapist. The loyalties stay clear. The individual therapist continues in undivided loyalty to the original client. The new couples' therapist meets both clients at the same time, is loyal to the couple, has neutrality un-compromised by previous therapy, and has no secrets to keep. If couples therapy doesn't work out, the original individual therapy is undisturbed, and remains a source of support for the original client.

If you work with other therapists, it might be particularly appropriate to refer a couple like this to one of your colleagues who does couples therapy. If the clients agree to releases of information, you and your colleague would be in a good position to consult and coordinate future treatment as needed.

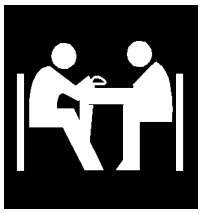
Those are my thoughts on this question. I'd be glad to hear yours.

Dr. David Woodsfellow is Director of A Center for Relationship Therapy, Atlanta, Georgia. References available upon request. Please address any comments or questions to woodsfellow@mindspring.com or (404) 325-3401.

LPCA Seeks to Partner with GPA

The Licensed Professional Counselors Association (LPCA) will offer mental health education and screening services at the Dia de la Mujer Latina Health Fest on Saturday, May 1st, 9 am - 3 pm. This is an opportunity to offer services to a large, underserved population. The Health Fest has historically offered medical services but has lacked in the mental health & addiction intervention options. Last year's Health Fest had from 8,000-10,000 attendees. You may learn more about the event by going to that organization's website at DiadelaMujerLatina.org

The LPCA seeks to collaborate with clinical members of GPA. Note that individuals who volunteer will receive at least one free in-serve (2-3 hours cultural competency and screening in early April 2004) prior to the event. Individuals who are interested may contact Sherry Simpson, MA, NCC, LPC, 404/501-2894.



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Post-Doc Liaison
Scott Miller, Psy.D.

Newsletter Editor
CeCe Kimble, Ph.D.

Historian
Joni Prince, Ph.D.

Divison E Has Two Featured Speakers for Midwinter

Cece Kimble, Ph.D.
Div. E Newsletter Editor

Oh, what a Midwinter Conference Division E has planned for January, 2004! Not one, but two, amazingly deep, farsighted, experienced psychotherapists as well as incredibly authentic and beautiful human beings: Psychiatrist, Dr. Dick Felder and Psychologist, Dr. Pauline Rose Clance! If you know them, then you won't want to miss these presentations. If you don't know them, then you won't want to miss these presentations! Conveniently located at the beautiful Emerald Pointe Resort at Lake Lanier Island, Midwinter this year is offering a virtual smorgasbord of exciting workshops for a wide range of interests that promise to delight, challenge, inform, and encourage. And we'll eat and dance and explore the beauty of the islands and of each other. We want you to explore new horizons and new depths. Don't miss it! Watch for our brochure and meanwhile, you can learn more and even register on-line at www.gapsychology.org.

IN OTHER DIVISION E NEWS:

- Medicaid and Peachcare: Board members are discussing the strong possibility that Medicaid funding for psychological services is in jeopardy of being eliminated. Given the far-reaching impact of such an eventuality, the Board agreed to send a letter, signed by all Division E Board Members, to Governor Purdue, expressing concern about curtailing mental health services for Georgia's most needy children. The Board also discussed sponsoring a low-cost CE workshop in the near future to assist affected psychologists in the restructuring of marketing and practice management in order to survive elimination of Medicare funding, should it occur. The Board encourages all GPA members to write or call their legislators about this issue.
- Division E has agreed to assume responsibility for the continuation of a monthly weekend support group for Atlanta families directly affected by the September 11 terrorist attacks. Dr. Betsy Gard and the American Red Cross initiated the support group at the Atlanta Red Cross headquarters on Monroe Drive. The American Red Cross will continue to provide the space for this support group.
- Several positions on the Division E Board will be opening soon. Division E members are encouraged to run for office to have a greater role in the governance and direction of the Division while enjoying the camaraderie and stimulation of colleagues.

Meanwhile, see you at Lake Lanier!

The deadline for the Spring *Georgia Psychologist* is February 1, 2004. Send your article to cydwise@gapsychology.org

LOOK!

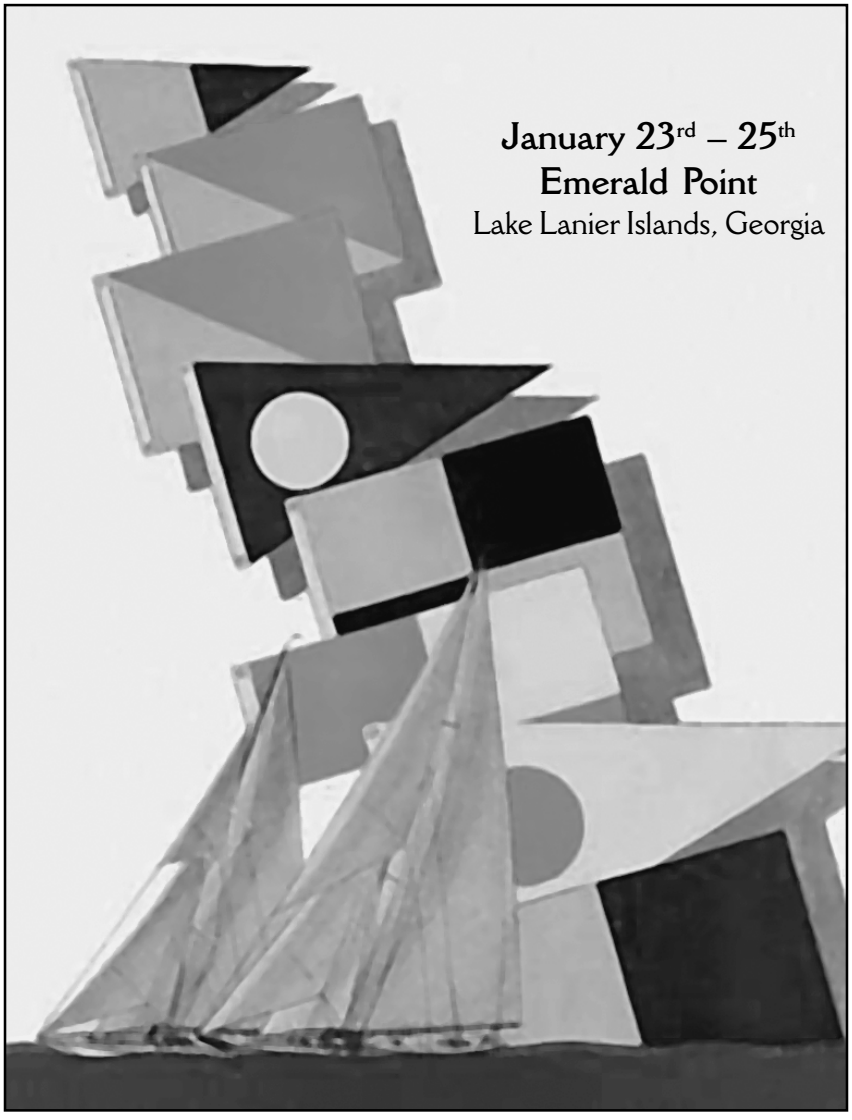
The Division E 2004 Mid-Winter Conference is on the horizon at Lake Lanier!

By popular demand, we will have a broader range of workshop topics this year and will delve deeper into them. We will also have updates on HIPPA and opportunities for those CEU's in Ethics and Psychopharmacology.

Register Now!

NEW SEAS — NEW HORIZONS

The Depth and Breadth of Psychotherapy and Assessment



DIVISION OF FAMILY, ADOLESCENT, CHILD, EVALUATION AND SCHOOL PSYCHOLOGISTS

DIVISION G NEWS

2003-2004 Board of Directors

Chair
Donna Ulrici, Ph.D.

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Dale Carter, Ph.D.

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Stanley Hibbs, Ph.D.

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Membership
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GPA Board Representative
Stanley Hibbs, Ph.D.

Division G/GAMFT Conf. Chair
June Kaufman, Ph.D.

CE Coordinator
Harriet Brodsky, Ph.D.

Donna K. Ulrici, Ph.D.
Division G Chair

CE Workshop: "Treating Compulsive Sexual Behavior: A Systematic Approach for Couples and Family Therapists," Candace Risen, MSW, Saturday, February 21, 2004, 9:00-4:30 PM, Loudermilk Conference Center, Atlanta. Co-sponsored by Division G and the Georgia Association of Marriage and Family Therapists (GAMFT) 6 hours CE credit. Contact ellen@gapsychology.org for more information.

Division G has taken on a community service project to support the Fulton County Children's Advocacy Center. In November, we sponsored a Donation Drive to help stock the center's Emergency Relief Closet. Children's clothing, diapers, toiletries, books, and financial gifts were collected. The Center still needs our support. Contact the GPA office to see how you can help.

The Division G Email List continues to be great way to keep in touch and even get referrals. To join the list, contact cydwise@gapsychology.org.

Did You Know?

GPA's Online Referral Service searches in November totalled 1,464

GPA's Phone Referral Service totalled 125

Don Meck, Ph.D. Receives ASPPB Award

The Annual Meeting of the Association of State and Provincial Psychology Board (ASPPB) was held in October, 2003 in Scottsdale, Arizona. Don S. Meck, Ph.D., J.D., a long time member of the Georgia Board of Examiners of Psychologists was awarded the Roger C. Smith Award by ASPPB for 2003. The Roger C. Smith Award is given annually to an "individual who has made significant contributions to promote the licensing and/or certification efforts in their jurisdiction" and is one of 3 awards given by this organization. Previously the only Georgian to receive this award had been Wiley S. Bolden, Ph.D. who was awarded it in 1988. It is a well deserved honor for Don who has worked tirelessly for the last 10 years on Georgia's Licensing Board where he has served as President, Vice-President, and the Cognizant member of the Board. The award was presented to Don by the President of ASPPB, Dr. Barbara Van Horn, who read the following to the audience:

"ASPPB proudly bestows the 2003 Roger C. Smith Award to Donald S. Meck, Ph.D., J.D. of Georgia. Dr. Meck is a member of the Georgia Board of Examiners of Psychologists and has served on the board of ten years. During this time he served three terms as President of the Board, and three terms as Vice-President.

Possessing a strong interest in the regulation and discipline of psychologists, Dr. Meck decided to pursue a legal education to help with his practice and his work for the Board. In 2000, he completed his studies and was awarded the J.D. degree. He subsequently passed the state bar examination. Since then, his experience in law has given him an added vantage point, from which he often enlightens the other members of the Georgia Board.

The Georgia Board finds Dr. Meck's clinical/legal perspective especially helpful with long term planning regarding changes to state licensing law and rules. One such task that required this perspective involved Georgia's testing procedures. Dr. Meck applied his expertise to compose the procedures and guidelines for administration of the state's oral examination. His efforts resulted in a form that not only meets the needs of the Georgia Board, but can also be used by many other states and provincial boards.

In addition to his work for the Georgia Board, Dr. Meck also maintains a private practice in clinical psychology, neuropsychology, and forensic psychology. He serves as a police psychologist for four cities in Georgia and holds a position with the Georgia Pain Institute in Macon.

Prior to his recent retirement from the Air Force Reserves, Dr. Meck advocated for the highest standards of licensure and other qualifications for Air Force psychologists.

Dr. Meck received his Ph.D. from Texas A&M University and his J.D. from the John Marshall School of Law."

The theme of the 2003 ASPPB conference was the role of supervision in licensure. There were talks and discussion groups about supervision requirements for internship and postdoctoral fellowship experiences necessary for licensing, as well as presentations summarizing the current state of research in supervision. Legal and regulatory updates from around the country were also presented. There is very little consistency among states on supervisory requirements for licensure and ASPPB is playing a leading role in advocating for more uniformity among the states in this area, as it has done in many other areas as well.

Accompanying Don to the meeting was his lovely and fun loving wife Debbie. Other Board members present were Carol Webb, Ph.D., President of the Georgia Board, and Linda Campbell, Ph.D., Vice President of the Georgia Board. Don, Debbie, Carol and Linda all had a great time in the Southwest and attended the outdoor dinner around the pool where they were invited/required to do a rendition of the Georgia Bulldogs fight song for the amusement of the audience. This fight song was appropriately ended with the traditional Georgia Bulldog "Woof, Woof, Woofs" as the Licensing Board members from other states and Canadian provinces looked on in either bewilderment or great amusement.

The Annual Meeting of ASPPB is being held for the first time in Atlanta in 2004. While the theme has not been yet decided upon, the Georgia Board is very glad to welcome this organization to Georgia and will look forward to offering everyone a traditional Southern hospitality experience.

The Georgia Board wants to extend its congratulations to Don Meck for receiving this prestigious award from ASPPB. Don has earned it by his many hours and years of hard work for the Board. In the past 18 months, the Georgia Board has been extremely busy rewriting the rules, developing the new Jurisprudence and Oral Exams, and refining many of the forms and procedures for the Board. It has taken a concerted effort from everyone and the Board has functioned extremely well as a team with everyone contributing to all these projects. Don, and Ted Ballard, as the 2 senior Board members have provided leadership, guidance, encouragement, and an open respectful attitude towards the newer members ideas and efforts and have made working with the Board an enjoyable and productive experience.

Nadine Kaslow Honored by APA

Nadine J. Kaslow, Ph.D., ABPP, Professor and Chief Psychologist for the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine has received the 2004 American Psychological Association's Distinguished Contributions to Education and Training in Psychology Award, which she will receive at the Annual Meeting of APA next year in Hawaii. This is one of the most prestigious awards that APA gives and it is a great honor that one of our own has been selected to receive it this year.

Nadine was selected for this award because of her leadership roles as Chair of both the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Council of Chairs of Training Councils (CCTC). In her role as APPIC Chair, she is best known for sheparding the computer match program through the first start up years and starting the informal problem resolution program in which she consults to students and faculty at the graduate school, internship, and postdoctoral levels. APPIC, under her guidance and leadership, has evolved into an organization that responds quickly to the needs of both students and training centers in an effective and thoughtful manner.

Nadine also chaired the 2002 Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology, which brought together representatives from diverse educational, training, credentialing, and practice groups in the United States, Canada, and Mexico. Conference participants developed a more shared understanding of the competencies required for effective professional functioning, ways to train individuals to reach the requisite level of competence at each professional developmental phase, and innovative strategies for assessing competence. This conference was one of the most productive conferences ever and will be referred to within professional psychology for the next 50 years.

Nadine was also selected for this award because of her scholarly contributions in the areas of supervision and training, as well as her efforts to mentor students at all stages of professional development. In addition to the above activities, Nadine has served our profession in many other ways as well: as President of Division 12 (Clinical) and 43 (Family) for APA, as Principal Investigator for a number of federally funded research projects, most recently in the areas of domestic violence and suicide, and as a public voice for psychology in numerous presentations for the news media.

For those of you who know her, it is not surprising that she received this award: however, the fact that she received it in what is the mid-phase of her career is a testament to her dedication and achievements as a psychologist. Most recipients are considerably older and in later phases of their careers when they are selected for this award. However, Nadine has earned this recognition over and over by her hard work and accomplishments in the areas of education and training. She is also a very nice, warm person who loves the Atlanta Braves, ballet (which she teaches), theatre, and going out with her many friends.

So, if you are planning to go to APA in Hawaii in July of 2004, be sure to go to Nadine's speech as the 2004 recipient of the APA's Distinguished Contributions to Education and Training in Psychology Award. Let's make sure that we have a large Georgia contingent on hand to support and congratulate her.

In Memorium

Dr. Barbara Beavers-Pruett

Dr. Barbara Beavers-Pruett, longtime GPA member, died in her home on Monday, November 10, following a lengthy illness.

In an era when women were not generally respected in academia, she gained respect in her field as a Phi Beta Kappa graduate of Duke University where she received both her master's degree and Ph.D. in Clinical Psychology. She went on to establish a private practice in clinical psychology in Atlanta, which continued for nearly forty years until her retirement in 2003.

Dr. Beavers was active in both the American Psychological Association (APA) and the Georgia Psychological Association (GPA). Upon her retirement, GPA honored her with the Lifetime Achievement Award for demonstrating "the very highest level of professionalism and excellence in the field."

She is survived by her husband, J. William Pruett ; daughters, Melissa Beavers and Sarah Hancock; and sons, C. Reid and Douglas C. Turner and, stepsons, Jefferson and Benjamin Pruett, along with numerous relatives.

Dr. Sadell Zimmern Sloan

Dr. Sadell Zimmern Sloan, age 56, of Atlanta, died September 18, 2003. Dr. Sloan was earned a Ph.D. in Psychology from Georgia State University. She was in private practice as a clinical psychotherapist for many years. Dr. Sloan was among the founders of Atlanta's first orthodox Jewish day school (Torah Day School) and Atlanta's first orthodox Jewish all girls high school (Temima).

She is survived by her husband, Dr. Alan Sloan; children, Ariel, Elan, and Aliza Sloan; and numerous relatives.

Andrew Powell

Our condolences to Dr. John Powell on the death of his son, Andrew.

Introduction to Energy Psychology

Two three-hour workshops will introduce you to the new field of Energy Psychology (EP). The morning workshop will present theory and research, and has been granted three hours of CE credit by GPA. The afternoon workshop will prepare you to use a basic technique of EP. Both workshops will be held at Inner Space, 185 Allen Rd, Atlanta, on February 20th, 2004. **Registration is limited to 32 participants.** Faculty: Lynn Karjala, Ph.D. & Pati Beaudoin, Ed.D. Both are Licensed Psychologists who have served on the Division E Board. Questions can be directed to Lynn Karjala (770-754-0751) or Pati Beaudoin (770-667-8992).

- - - - - - - - - - -To register, clip and mail with check payable to NRPA:- - - - - - - - - - -

Name and degree: _____ Day phone: _____

Please indicate which workshop(s) you would like to attend:	Postmarked by 1/2/04	Postmarked after 1/2/04
____Theory and research: 10:00am – 1:00pm	$50.00	$60.00
____Applications: 2:30pm – 5:30pm	$50.00	$60.00
____Both workshops:	$75.00	$90.00

Mail completed form and payment to: Lynn Karjala, 11205 Alpharetta Hwy, Ste A-4, Roswell, 30076.

Welcome New GPA Members!

Full Members

Brian H. Goldman, Ph.D.
8097 Roswell Road
Bldg C, Suite 201
Atlanta, GA 30350

Jane L. Wong, Ph.D.
Dept. of Psychology
Armstrong Atlantic State College
11935 Abercorn Street
Savannah, GA 31419

Catherine Rice, Ph.D.
27 Daniel Avenue, SE
Atlanta, GA 30317

Hamid Mirsalimi, Ph.D.
Argosy Univ.
1970 Cliff Valley Way
Atlanta, GA 30329

Garnett S. Stokes, Ph.D.
Department of Psychology
Univ. of GA
Athens, GA 30602

Robb Weiss, Psy.D.
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Milledgeville, GA 31061-4857

Debra K. Roberts, Ph.D.
3400 Peachtree Road, NE
Suite 1537
Atlanta, GA 30326

Spurgeon N. Cole, Ph.D.
1040 McNutt Crossing
Bogart, GA 30622

Leonard Hedges-Goettl, Ph.D.
3864 Dundee Drive, NE
Roswell, GA 30075

Melissa Herring, Ph.D.
8910 Main Street
Woodstock, GA 30188

Christi Bartolomucci, Ph.D.
169-D Peachtree Hills
Atlanta, GA 30305

Cynthia Whitehead-Laboo, Ph.D.
6352 Bell Heren Lane
Riverdale, GA 30296

Frank J. Floyd, Ph.D.
Psychology Department
GSU
Atlanta, GA 30303-3083

Lila K. Walker, Ph.D.
Morehouse College
830 Westview Drive, SW
Atlanta, GA 30314-3773

Linda Stamm, Ph.D.
3327 Aylesbury Court
Roswell, GA 30075

Brenda Thompson, Ph.D.
2015 Wallace Road
Atlanta, GA 30331-7756

Patricia Gore, Psy.D.
7450 Hwy. 92, Suite 120
Woodstock, GA 30189

David T. Stevens, Ph.D.
405 S. Thornton Avenue
Dalton, GA 30720

Kimberlee M. Myszkar, Ph.D.
206 Countryside Lane
Smyrna, GA 30080

Valerie J. Ross, Ph.D.
250 Tamarach Court, Apt. 4
Augusta, GA 30909

Student/Post Doc

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Atlanta, GA 30317-1316

Jennifer Smith, Psy. D.
3332 B Northcrest Road
Atlanta, GA 30340

Kamieka O. S. Gabriel
4371 G Pleasant Point Dr.
Decatur, GA 30034

Melissa J. Pecor
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LaGrange, GA 30241

Coleman A. Gfroerer
515 Pine Forest Road
Atlanta, GA 30342

Jennifer M. Keith, Psy.D.
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Atlanta, GA 30309

Joshua Shuman, MA
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Atlanta, GA 30328

Jaime Blandino
1518 Druid Oaks NE
Atlanta, GA 30329

Dayna Diaz
5140 N. Peachtree Road
Dunwoody, GA 30338

Annie Bollini
3439 N. Druid Hills Road
Apt. O
Decatur, GA 30033

Virginia Wickline
3142 Vista Brook Drive
Decatur, GA 30033

Theresa A. Sparks, Ph.D.
144 Summer Lake Cove
Dallas, GA 30157

Michelle Ann Prosje
5214 Blunschi Drive
Powder Springs, GA 30127

Sigrid Y. Kennebrew, Ph.D.
5327 Pinnacle Peak Lane
Norcross, GA 30071

Seoka Salstrom
Psychology Bldg.
Univ. of GA
Athens, GA 30602

Shari-Ann James
100 Stone Mill Run, Apt. 3
Athens, GA 30605

Brittany E. Burchfield
503 Rimington Lane
Decatur, GA 30030

Austin Chukaku
1537 Mill Street
Augusta, GA 30901

Caryn Wachs, M.S., M.A.
1016 Howell Mill Road
Apt. 4307
Atlanta, GA 30318

Lori Toler Welch
218 Preston Woods Trail
Atlanta, GA 30338

Affiliate/Associate

Susan Boyan, MFT
2801 Buford Highway
Suite T-70
Atlanta, GA 30329

Patricia Bowery, Ph.D.
P. O. Box 23
Paulshof, 2056
Gauteng
South Africa

David A. Goldsmith, Ph.D.
UnumProvident
One Fountain Square
Chattanooga, TN 37402

The GPA Central Office owns an LCD projector which is available for member rental at $100 per day. The LCD is easy to hook up to your laptop for presentations. Contact us if you are interested (404-634-6272).

CONTINUING EDUCATION WORKSHOPS

GPA Approved CE Workshops and Conferences

General Civil Mediation Training Workshop for Psychologists
Presenters: Bob Berlin, J.D. and Robert D. Smith, Ph.D.
Date: January 7-10, 2004
CE Hours: 28 Cultural Diversity Hours
Location: Check with Contact Person
Contact: Bob Berlin, J.D./478-477-3317

Substance Abuse in the Adolescent and Adult Populations
Presenters: Steven Jaffe, M.D.; Tommie Richardson, M.D.; Richard Blankenship, M.D.
Date: January 23, 2004
CE: 5 Hours
Location: Peachford BHS of Atlanta Conference Center
Contact: Margaret Grenleski/770-986-1817

Giving the Love that Heals: A Guide for Parents
Presenters: Wendy Palmer Patterson, LCSW and Robert W. Patterson, LMFT, LPC
Date: January 23, 2004
CE: 5 Hours
Location: Ridgeview Institute, 3995 South Cobb Dr., Smyrna, GA
Contact: Dianne Gay/770-434-4568 x 3001

Cognitive-Behavioral Treatment of Obsessive-Compulsive Disorder
Presenter: Page Anderson, Ph.D.
Date: February 6, 2004
CE: 3 Hours
Location: 66 Courtland St., GSU Alumni Hall, Veterans Mem. Hall
Contact: Susan McCarthy Furman, Ph.D. 404-651-2859

Brief Psychodynamic Theory
Presenter: Eugene Farber, Ph.D.
Date: February 6, 2004
CE: 3 Hours
Location: 66 Courtland St., GSU Alumni Hall, Veterans Mem. Hall
Contact: Susan McCarthy Furman; Ph.D./404-651-2859

Accommodations in College: Criteria, Assessment, and Interpretation
Presenter: Margo Habiger, Ed.D.
Date: February 12, 2004
CE: 5 Hours
Location: South GA GLRS, 414 North Robinson St., Lenox, GA
Contact: Margo Habiger, Ed.D./706-542-0389

Accommodations in College: Criteria, Assessment, and Interpretation
Presenter, Margo Habiger, Ed.D.
Date: February 12, 2004
CE: 5 Hours
Location: South GA GLRS, 414 North Robinson St., Lenox, GA
Contact: Margo Habiger, Ed.D./706-542-0389, Mental Health Coalition, GPA Office

Accommodations in College: Criteria, Assessment, and Interpretation
Presenter, Margo Habiger, Ed.D.
Date: February 12, 2004
CE: 5 Hours
Location: South GA GLRS, 414 North Robinson St., Lenox, GA
Contact: Margo Habiger, Ed.D./706-542-0389

Ethics with Couples: Dealing with Key Issues
Presenter: David Woodsfellow, Ph.D.
Dates: September 19, 2003; February 20, 2004; June 25, 2004
CE: 5 Ethics Hours
Location: 2801 Buford Highway, Suite 295, Atlanta, GA
Contact: David Woodsfellow, Ph.D./404-325-3401

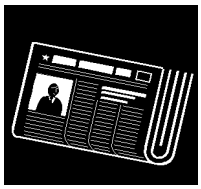
Introduction to Energy Psychology: Theory and Research
Presenters: Lynn Mary Karjala, Ph.D. & Pati Beaudoin, Ed.D.
Date: February 20, 2004
CE: 3 Hours
Location: The Inner Space, 185 Allen Rd., Atlanta, GA 30328
Contact: Lynn Mary Karjala, Ph.D./ 770-754-0751

Size Matters: Therapist Body as Stimulus and Tool for Healing
Presenters: Deborah Russo, Psy.D., Sharon Mathis, Ph.D., Denise Shipman, MD, Cynthia Whitehead-Laboo, Ph.D. Judi-Lee Nelson, Ph.D. & Laura Maloch, Rd, LD
Date: February 22, 2004
CE: 3 Hours
Location: 1924 Cliff Valley Way, Atlanta, GA 30329
Contact: Deborah Russo, Psy.D.

General Civil Mediation Training Workshop for Psychologists
Presenters: Bob Berlin, J.D. and Robert D. Smith, Ph.D.
Date: March 3-6, 2004
CE Hours: 28 Cultural Diversity Hours
Location: Check with Contact Person
Contact: Bob Berlin, J.D./478-477-3317

The Heart of Loving: Intimacy. Sexuality and Gender Issues in Couple Therapy
Presenter: David Treadway, Ph.D.
Date: March 12, 2004
CE: 5 Hours
Location: The Link Counseling Ctr., Bldg. B., Sage Room, 2nd Floor
Contact: Elaine Gibson 404-256-9797

Couples Therapy That Works! An Intro to the Image Approach
Presenter: Nancy Van Cleeve, LCSW
Date: March 18, 2004
CE: 2 Area IV Hours
Location: Peachford BHS of Atlanta Conference Center
Contact: Margaret Grenleski/770-986-1817



CLASSIFIED

Classified advertising is $40.00 for GPA members and $55.00 for non-members, limit 50 words (ads over 50 words will be charged accordingly).

OFFICE SPACE

Office Space for Lease: Prime **Buckhead** location in beautiful suite of offices. Association with large psychiatric group practice. Individual office measures 200 square feet, available furnished or unfurnished. Shared waiting room, kitchen and free parking. Office services available. Contact Pat Cone at 404-351-2008 for more information.

Office Space To Share in nicely appointed office 2 mi. W of 400, exit 7B in **Roswell.** Your office 102 SF. Shared waiting room, two bathrooms, group/ conference room. Call Dr. Len Hedges-Goettl, voicemail 478/461-9757 or email THE2REVS@aol.com

Roswell/Alpharetta: Space to Rent. Excellent opportunity to develop a practice with a group of licensed. professionals, includes a psychiatrist. Our group frequently refers within the group. We are specifically looking for someone who specializes with adults. Please contact 70-754-6101.

Psychiatrist office suite furnished. Large private office. Magnificent view. Waiting room. **Buckhead**, Peachtree. $675.

Lenox Pointe Office Space. Elegant sunny office with two windows, a view of the city, and Berber carpeting available for lease immediately. Share office suite with other therapists and enjoy such amenities as good soundproofing, professionally decorated waiting room and other common areas, two bathrooms, two kitchenettes, cleaning service, use of copier and fax machines, multi-feature telephone system, handicap access, paid utilities (except private phone line and answering service), and very close access to Ga. 400 and I-85. Call Leslie Brenner, Ph.D. at 404-237-2211.

POST-DOCTORAL FELLOWSHIP

The Regents Center for Learning Disorders at Georgia State University has an opening for a 12-month, full time (or 24-month, part time) postdoctoral fellow beginning in July-September, 2004 (with an opportunity for second post doc year if desired). The Center provides psychological assessment of learning disabilities, attention deficit disorders, psychological disorders and related neuropsychological impairment in college students. Position responsibilities include: neuropsychological assessment, report preparation, and assisting in the training of advanced graduate students who are completing assessment practica. Post docs participate in hierarchical supervision and case presentation with licensed psychologists. Graduate assistants and practicum students. The position meets Georgia licensing requirements for supervised work experience.

Post-doctoral fellows are also expected to engage in a subset of training activities consistent with their career goals, which may include, for example, teaching, research, therapy, early-interventions with children, or direct supervision of graduate students.

Applicants must have completed an APA-accredited pre-doctoral internship and an APA-accredited doctoral program in clinical, counseling or school psychology. Applicants must

SAVE THE DATE:

SATURDAY, APRIL 24, 2004

GSCSW is proud to present:

THE NEW INFIDELITY:
THE SLIPPERY SLOPE OF EMOTIONAL RELATIONSHIPS

Presented by: Pat Love, Ed.D.
(author of *Hot Monogamy*),
paying tribute to the work of
Shirley Glass, Ph.D.,
Not "Just Friends"

For further information call:

Fred Crimi, LCSW
(404) 459-0470 option 1

also have previous clinical experience in neuropsychological assessment. Experience in the evaluation of learning disorders is desirable. Position will remain open until filled. Send CV, 3 letters of reference, and a sample neuropsychological report to: Anne Imhoff, Ph.D., Director of Training, Regents Center for Learning Disorders, MSC 5A0622, Georgia State University, 33 Gilmer Street SE, Unit 5, Atlanta, GA 30303-3085.

SERVICES

"A New Year's Resolution" ADD PROFITS TO YOUR PRACTICE: Professional seminar program, training manuals, brochures, flyers, PR releases, patient letters plus optional Power Point presentations. Free intro package 1-866-JTDFORU

CALENDAR

2004

JAN	**15**		Psychologists Day at the Capitol
	16	12:00-3:00	Ethics Committee Meeting
		12:30-2:00	Division G Board Meeting
	23-25		**Division E Midwinter Conference at Lake Lanier Islands, GA (Emerald Pointe Resort & Conference Center)**
			Division E Board Meeting
	28		Psychologists Day at the Capitol
FEB	**10**		Psychologists Day at the Capitol
	13	10:30	LL Committee Meeting
		12:00-1:30	Division F Board Meeting
		12:00-2:00	Executive Committee Meeting
	20	9:00-4:00	Workshop presented by Paul Wachtel, Ph.D., Athens
		9:00-12:00	Ethics Workshop presented by Marolyn Wells, Ph.D., GPA
		12:30-2:00	Division G Board Meeting
MAR	**5**	12:00-1:30	Division F Board Meeting
		12:00-3:00	Ethics Committee Meeting
	12	11:00-1:00	Division E Board Meeting
	13-16		APA State Leadership Conference
	19	10:30	LL Committee Meeting
		12:00-2:00	Executive Committee Meeting
	20	10:00-2:00	Board of Directors Meeting
	29	12:30-2:00	Division G Board Meeting
APR	**9**	10:30	LL Committee Meeting
		12:00-1:30	Division F Board Meeting
		12:00-2:00	Executive Committee Meeting
	16	12:30-2:00	Division G Board Meeting
	19	11:00-1:00	Division E Board Meeting
	23	12:00-3:00	Ethics Committee Meeting
MAY	**13-16**		GPA Annual Meeting in Hilton Head, SC (Hilton Oceanfront Resort Hotel)
JUN	**4**	12:00-3:00	Ethics Committee Meeting
	11	11:00-1:00	Division E Board Meeting
	18	10:30	LL Committee Meeting
		12:00-2:00	Executive Committee Meeting
		12:00	Division G Annual Board Meeting Luncheon
AUG	**4**		Division E Board Retreat
SEPT	**17**		Diversity Workshop/Dr. Jennifer Kelly

Clinical Wisdom: Integrating Tradition and Innovation

Who says you can't work and play at the same time?

The Georgia Psychological Association is planning an exciting Annual Meeting on the beach which will make multi-tasking a breeze! Enhance your clinical wisdom as you choose from over 40 workshops that address both application of traditional theories and recent innovative techniques. We've also built in plenty of opportunities for relaxation, socializing with colleagues, and family fun!

Meeting Highlights

- Keynote Speaker: Irvin Yalom, founder of existential therapy
- Over 25 workshops on diverse topics
- 2 or more choices each for Ethics, Psychopharmacology and Multicultural credits
- Reviews of latest clinical research in therapy outcome, child psychopathology, multicultural issues, and attachment theory

Recreational Highlights

- Beautiful beachfront hotel rooms with kitchenettes
- Great tennis and golf facilities and tournaments
- Margaritaville party in courtyard with live music and buffet
- Family program and childcare options
- Night on the town option at local restaurants

Combining work and play will never be easier!
Mark your calendars!

To see the full program online, go to www.gapsychology.org.

If you are not a GPA member and want to receive a hard copy of the program, email curran@gapsychology.org.

We hope to see you at Hilton Head!

PROFESSIONAL TASK FORCES
Prescriptive Authority: Joan Read, Ph.D.
Insurance & Managed Care: James Purvis, Ph.D.
Licensing Board Issues: Barbara Calhoon, Ph.D.
Children's Legal Issues:
Scope Of Practice Issues: William Buchanan, Ph.D.
Business of Practice: Joni Prince, Ph.D.

STANDING COMMITTEES
Annual Meeting Committee: Ann Hazzard, Ph.D.
CE Committee: Douglas Slavin, Ph.D.
Ethics Committee: John Watkins, Ph.D.
Grassroots & Federal Advocacy: Jennifer Kelly, Ph.D.
Legal & Legislative Affairs: Marsha Sauls, Ph.D.
Membership Committee: Scott Jones, Ph.D.

CONSULTATIVE TASK FORCES
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Ethnic Minority Affairs: Judi-Lee Nelson, Ph.D.
GAP-ACT: Terry Orme, Ph.D.
Interprofessional Affairs: Nick Hume, Ph.D.
Peer Review: Jennifer Kelly, Ph.D.
Policy & Planning: Nancy McGarrah, Ph.D.
Public Education: Nancy McGarrah, Ph.D.

STUDENT TASK FORCE
Chair: Jeremy Coppels

STAFF
Executive Director, Pat Gardner, CAE
Cyd Preston Wise, Communications
Ellen McBrayer, Membership Services
Curran Morris, Administrative Assistant
Robert Remar, Legal Counsel

COMING NEXT ISSUE...

"Clinical Wisdom: Integrating Tradition and Innovation"

The Spring 2004 *Georgia Psychologist* magazine will be devoted to the theme of Clinical Wisdom, which is the theme of our Annual Conference.

Are your psychotherapy skills based more on folklore, clinical tradition, psychotherapy outcome studies, empirically-validated research, or a combination of these and other variables? We invite you to share your folklore, traditions, and research.

Please remember to follow-up with a phone call to ensure that Cyd has received your e-mail attachment file.

The deadline for the next issue is February 1, 2004.

William Doverspike
Editor

Publication Deadlines & Rate Card

Publication Deadline	Mailed
November 17 (Winter issue)	1st Week of January
February 1 (Spring issue)	1st Week of April
June 1 (Summer issue)	1st Week of July
September 1 (Fall issue)	1st Week of October

Circulation — 2,000

ADVERTISING RATES

The *Georgia Psychologist*, the official publication of the Georgia Psychological Association, is published quarterly with a circulation of approximately 2,000. Please note: all ads must be submitted in black and white; Camera ready art in PMT or Velox form; halftones must be 133 line screen; no bleeds accepted. If any inhouse art production is needed, client will be billed accordingly. If your ad has been designed electronically, please submit all associated files by e-mail or disk along with a hard copy. Ad dimensions: Full page 7 (w) x 9 1/2 (h); 1/2 page, 4 3/4 h x 7 w (horizontal); 1/2 page, 9 1/2 h x 3 3/8 w (vertical); 1/4 page, 3 3/8 (w) x 4 3/4 (h). Mail to Cyd Preston, Advertising, Georgia Psychological Association, 1750 Century Circle, Suite 10, Atlanta, Georgia 30345. E-mail cydwise@gapsychology.org.

Ad Rates for Members:		Ad Rates for Non-Members:		Multiple Issue Rate:	
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If the psychological services program in Medicaid is eliminated:

- **Quality mental health services for the most vulnerable children in rural Georgia will end as psychologists will be forced to close the practices that now exist in those already underserved areas.**

- **Juvenile courts and foster care placements will no longer have resources for psychological testing often required for children in their care.**

- **The Juvenile Justice System will be the "care taking place" for children at risk.**

Georgia Psychological Association
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